

# While harmonising EU drug policies is unnecessary, it is important that states can learn from drug policy successes and failures in other countries.

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Are drug policies in different European Union member states becoming more similar? **Caroline Chatwin**

*assesses the development of drug policies in European states and the potential for policies to become harmonised across the EU. She notes that while in some states there has been a trend toward more lenient policies focused on treatment; other countries, such as Sweden, have adopted a more repressive approach aimed at the complete removal of drug use from society. This lack of consensus is not necessarily problematic, however: the most important issue is ensuring that individual states do not become so locked into their own paradigms that they become unable to learn from the experiences of other countries.*



The European Union this year released a [new drug strategy](#) for Europe. This document is conceptualised as providing a guiding framework that exists without legal authority, but which aims to express the overarching aims and objectives of member states and institutions of the European Union in this area. A European plan to combat drugs was first drafted in 1990 and, since this time, the European Union has played an active role in drug policy making, initiating many groups and working bodies in this area, for example the Horizontal Drugs Group (HDG), and implementing framework decisions on, among other things, [minimum-maximum drug trafficking penalties](#) and new [psychoactive substances](#). In 2011 the commission released a document 'Towards a stronger European Response to Drugs' outlining plans to expand EU level powers in this area.

There is little evidence, however, of any trend towards convergence in the methods of drug policy practised by member states themselves. While the national governments of member states can broadly agree to cooperate in the fight against drug trafficking and supply (although important differences in opinion about which drugs to prioritise and what amounts count as supply rather than possession remain), considerable differences in the strategies employed against drug use and drug users persist.

A deep divide in policy making towards drug use and drug users predates EU involvement and has been [conceptualised](#) as representing two distinct paradigms of control. The Netherlands has oft been invoked as operating a policy of liberalisation based around the two main principles of normalisation, which seeks to reach out to drug users and ensure they are not marginalised or stigmatised, and separation of the markets, which distinguishes cannabis from other drugs and makes it freely available for purchase through the coffee-shop system so that its users can obtain it without coming into contact with more harmful drugs. Sweden, meanwhile, offers a much more repressive style of drug policy with a central aim of eradicating



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illegal drugs from society and a core of interventions that focus on attacking the use of drugs as well as their supply.

It could be suggested that recent years have seen a trend in European drug policies towards leniency in the treatment of drug use and drug users. [Portugal](#), for example, in 2001 decriminalised the possession of all drugs for personal use and based its national strategy around the principle of [harm reduction](#). Furthermore, Belgium and Luxembourg have recently effectively removed criminal sanctions for the possession of cannabis for personal use. Germany, Estonia and Lithuania, meanwhile, have written the possibility of waiving prosecution in the case of small amounts for personal use of any drug into their penal codes and Spain, the Czech Republic and Latvia have gone one step further by making administrative sanctions the norm for possession of small amounts of illegal drugs for personal use. In addition, the EU in general has positioned itself as being a champion of harm reduction measures [ensuring](#) that all member states and prospective member states have minimum level harm reduction measures in place.

On closer examination, however, this trend is not upheld throughout the EU. A 2007 [report](#) by the United Nations Office on Drugs and Crime praises Sweden's strict policy towards users and credits it with a significant reduction in the number of drug users within that country, ensuring that Sweden is unlikely to operate a less restrictive policy in the near future. The Netherlands, meanwhile, has seen what could be described as a swing towards repression in its drug policy: since 2003, a centre-right cabinet has been in power resulting in an increasing tendency for politicians to appear tough on drugs. This has combined with a decreasing willingness from the general public to tolerate drug related public nuisance resulting in a number of policy changes directed at curbing the numbers of coffee-shops in existence and restricting who can have access to them. There is also [evidence](#) of an increasingly law-enforcement based policy towards ecstasy use and users and an [alarming rise](#) in prison numbers for drug-related crimes.

In terms of harm reduction, the 2010 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) [annual report](#) reveals that the 12 countries that have joined the EU since 2004 account for only 2 per cent of substitution treatment in Europe as a whole, indicating that a strong disparity between East and West remains. There is also some evidence to suggest a distancing from harm reduction methods within some member states: the coalition drug policy in [Britain](#), for example, signals a move towards abstinence based treatment.

This lack of agreement in drug policy making within Europe is not problematic in itself. Indeed, evidence suggests that the drive for European harmonisation of drug policy has thus far only resulted in an increase in law enforcement measures which is not particularly desirable: the harms of a 'war on drugs' policy style are becoming increasingly [well documented](#). To date, there exists no policy that could be deemed particularly successful in eradicating the drug problem and it therefore makes sense for as many different policy options to be in operation as possible, for these to be systematically evaluated and for the results to be widely shared. The real issue here is whether individual countries have become so locked into their own paradigms that they are unable to learn from other countries or from identifiable policies of best practice. As outlined in my [recent book](#) on this subject, while, ultimately, it does not matter whether or not Europe achieves unity of policy style in this area, it does make sense to work together on the issue and for individual nation states to be able to pick and choose from a variety of drug policy implementations developed at the local level to best suit their own drug problem.

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*Note: This article gives the views of the author, and not the position of EUROPP – European Politics and Policy, nor of the London School of Economics.*

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